

SERFF Tracking Number:	UNFG-125974956	State:	Arkansas
First Filing Company:	United Fire & Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CA-03012009-XX-XX-F-DRIVER		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	COMMERCIAL AUTO		
Project Name/Number:	DRIVER EXC LUSION/CA-03012009-XX-XX-F-DRIVER		

Filing at a Glance

Companies: United Fire & Casualty Company, Lafayette Insurance Company

Product Name: COMMERCIAL AUTO

SERFF Tr Num: UNFG-125974956 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: CA-03012009-XX-XX-F-DRIVER

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: David Rude

Disposition Date: 01/13/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: DRIVER EXC LUSION

Status of Filing in Domicile: Pending

Project Number: CA-03012009-XX-XX-F-DRIVER

Domicile Status Comments: FILING

SIMULTANEOUS TO OTHER STATES

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

REVISION TO PRIOR FILED ENDORSEMENT. THIS REVISION ADDS LANGUAGE THAT WARNS AND CLARIFIES. ADDED "ACCIDENT" TO LANGUAGE TO CLARIFY PHYSICAL DAMAGE IS INCLUDED IN THE COVERAGE LIMITATION. ADDS LANGUAGE TO REJECT UM/UIM AND PIP, WHERE PERMISSIBLE, WHEN OPERATED BY THE EXCLUDED DRIVER.

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Company and Contact

Filing Contact Information

Dave Rude, Analyst	drude@unitedfiregroup.com
118 2nd Ave SE	(800) 332-7977 [Phone]
Cedar Rapids, IA 52407-3909	(319) 286-2570[FAX]

Filing Company Information

United Fire & Casualty Company	CoCode: 13021	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Property Casualty
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 42-0644327	

Lafayette Insurance Company	CoCode: 18295	State of Domicile: Louisiana
118 2nd Ave SE	Group Code: 248	Company Type: Property Casualty
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 72-0232830	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 PER FILING [ONE ENDORSEMENT]
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$50.00	01/12/2009	24955450
Lafayette Insurance Company	\$0.00	01/12/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/13/2009	01/13/2009

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Disposition

Disposition Date: 01/13/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>UNFG-125974956</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>COMMERCIAL AUTO</i>		
<i>Project Name/Number:</i>	<i>DRIVER EXC LUSION/CA-03012009-XX-XX-F-DRIVER</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	DESIGNATED PERSONS	Approved	Yes

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Form Schedule

Review	Form Name	Form #	Edition	Form Type	Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	DESIGNATED PERSONS	CA7117	0309	Endorseme	Withdrawn	Replaced Form #:0.00		CA71170309
				nt/Amendm		CA71170907		.pdf
				ent/Condi		Previous Filing #:		CA71170907
				ons				_FILED.pdf

Policy Number:

Effective Date:

CA 71 17 03 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

EXCLUSION OF DESIGNATED PERSON(S) AND PARTIAL REJECTION OF COVERAGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of this policy unless another date is indicated below. Information required to complete this endorsement, if not shown below, will be shown in the Declarations Section.

WARNING

THIS ACKNOWLEDGMENT AND REJECTION IS APPLICABLE TO ALL RENEWALS ISSUED BY US OR ANY AFFILIATED INSURER. HOWEVER, WHERE REQUIRED BY LAW OR REGULATION WE WILL PROVIDE A NOTICE WITH EACH RENEWAL AS FOLLOWS: "THIS POLICY CONTAINS A DESIGNATED PERSON(S) EXCLUSION."

The following Exclusion is added to all coverages:

This policy does not apply to "loss" or "accident" arising out of the ownership, maintenance, operation or use of any vehicle by the following person or persons:

You further agree that this endorsement will also serve as a rejection of Uninsured / Underinsured Motorist coverage and Personal Injury protection, where permissible, while a covered "auto" or any other motor vehicle is operated by the excluded person.

Where mandated by law, this exclusion shall not operate to provide protection less than required by applicable minimum financial responsibility limits.

By signing this endorsement, I accept the coverage limitation as shown above. In states where permissible, the use of insured vehicles by excluded persons may be grounds for cancellation of an auto policy with the minimum statutory notice.

Date: _____

Signed: _____ (Named Insured)

Title: _____

Signed: _____ (Witness)

The absence of a signature above, where a signature is not required, shall not affect the validity of this endorsement.

CA 71 17 03 09

Policy Number:

Effective Date:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF DESIGNATED PERSON

This Endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIERS COVERAGE FORM**

The following Exclusion is added to all coverages:

This policy does not apply to "loss" arising out of the ownership, maintenance, operation or use of any vehicle by the following person or persons:

Where mandated by law, this exclusion shall not operate to provide protection less than required by applicable minimum financial responsibility limits.

If no Effective Date is indicated above, this exclusion is effective at the commencement of the policy period.

By signing this endorsement, I accept the coverage limitation as shown above. In states where applicable, the use of insured vehicles by excluded persons may be grounds for cancellation of an auto policy.

Date: _____

Signed: _____ (Named Insured)

Title: _____

Signed: _____ (Witness)

The absence of a signature above, where a signature is not required, shall not affect the validity of this form.

Information required to complete this endorsement, if not shown above, will be shown in the Declarations Section.

All other terms, conditions, limitations and agreements of the policy remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/13/2009
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Comments:

TRANSMITTAL INLCUED

Attachment:

TRANSMITTAL_F777AR_021307[1]_DRIVER_01_07_09.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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h. Subject Codes																					

3. Group Name	Group NAIC #
UNITED FIRE GROUP	13021

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
UNITED FIRE & CASUALTY CO.	IA	13021	42-0644327	
LAFAYETTE INSURANCE CO.	LA	18295	72-0232830	

5. Company Tracking Number	CA-03012009-XX-XX-F-DRIVER
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	DAVID RUDE, 118 2 ND AVE SE, CEDAR RAPIDS, IA 52407	ANALYST	800-332-7977		drude@unitedfiregroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	DAVID RUDE

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	COMMERCIAL AUTO
10. Sub-Type of Insurance (Sub-TOI)	BUSINESS AUTO
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	20.0001
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/2009 Renewal: 03/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	1-7-2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CR-03012009-XX-XX-F-DRIVER
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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REVISED FORM - SEE GENERAL INFORMATION SECTION OF SERFF FILING FOR DETAILS

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: SENDING FEE EFT Amount: \$50.00 PER FILING FOR REVIEW OF ONE ENDORSEMENT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>



*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**